



DEPARTMENT OF
PUBLIC HEALTH AND
HUMAN SERVICES

STATE OF MONTANA

Medicaid Administrative Claiming

Coordinator and Financial Officer Training
Summer 2011

What Is **M**edicaid **A**administrative **C**laiming?



DEPARTMENT OF
PUBLIC HEALTH AND
HUMAN SERVICES

STATE OF MONTANA

MAC is a Federal Medicaid reimbursement available to schools for administrative activities associated with linking a child to appropriate Medicaid services.

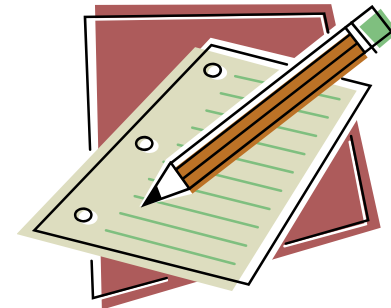
Participation in MAC



DEPARTMENT OF
PUBLIC HEALTH AND
HUMAN SERVICES

STATE OF MONTANA

- District or Cooperative must participate in the Direct Service Billing Program.
- Complete a Memorandum of Understanding (MOU) with the DPHHS.
- Complete a W-9 form.
- Prepare district participant listing each quarter.
- Participate in the RMS time study.
- Submit quarterly financial data relevant to Medicaid and staff expenditures.
- Certify local match



RMS Time Study



DEPARTMENT OF
PUBLIC HEALTH AND
HUMAN SERVICES

STATE OF MONTANA

- Administered by MAC Coordinator
- Now online application thru WEBRMS*****
- Intended to quantify the amount of time that participants spend completing reimbursable administrative activities.
- Quick and unobtrusive
- Converted to statewide percentages & applied to the total costs of the identified participants for each school or co-op
- Performed during quarters 1, 2 & 4
 - Summer quarter (3) is an average of 3 previous quarters

Random Moment Observation Sampling Form

Montana -Medicaid Admin Claiming

For the period: 3-October-2005 to 23-December-2005

Your Name Here

Job Title

School Name - Building

Sample Moment: Mon/00/2005 0:00

Sample Sequence #: 0



DEPARTMENT OF
PUBLIC HEALTH AND
HUMAN SERVICES

STATE OF MONTANA

Participant Signature

Date

Please provide a brief answer to each of the questions below. You need to sufficiently describe what you were doing at the date and time listed above in order to support your activity code selection. Please do not use individually identifiable health information in your description.

What were you doing? _____

Who were you with? ☐ Student ☐ Family/Parent ☐ Colleague ☐ Self ☐ Other: _____

Why were you doing this? _____

Section I: Job Title (Please select only one [x])

- ☐ 01 Administrators for Special Education
- ☐ 02 Audiologists and Audiology Assistant
- ☐ 03 Bilingual Specialists
- ☐ 04 Counselors
- ☐ 05 Diagnosticians
- ☐ 06 Dietitians
- ☐ 07 Coordinators/Liaisons for Spec. Ed.
- ☐ 08 Interpreters
- ☐ 09 Licensed Nurses or School Health Aides
- ☐ 10 Medicaid Billing Clerks
- ☐ 11 Occupational Therapists and Assistants
- ☐ 12 Orientation and Mobility Specialists
- ☐ 13 Physical Therapists and Assistants
- ☐ 14 Program and Staffing Specialists
- ☐ 15 Psychologists and Interns
- ☐ 16 Recreation Therapists
- ☐ 17 Registered Nurses
- ☐ 18 Respiratory Therapists
- ☐ 19 Social Workers
- ☐ 20 Speech-language Pathologist and Aides
- ☐ 21 Student Services Personnel
- ☐ 22 Work-Study Coordinator

Section II: Activities (Please select only one [x])

- ☐ 01 Direct Medical and School Health-Related Services
- ☐ 02 Educational and Other Social Activities, Non-Medicaid
- ☐ 03 Outreach to Medicaid Programs
- ☐ 04 Outreach to Non-Medicaid Programs
- ☐ 05 Facilitating an Application for Medicaid
- ☐ 06 Facilitating an Application for Non-Medicaid Programs
- ☐ 07 Referral, Coordination and Monitoring of Medical Services
- ☐ 08 Referral, Coordination and Mntg of Non-Medical Svcs
- ☐ 09 Client Assistance to Access Medicaid Services
- ☐ 10 Client Assistance to Access Non-Medicaid Services
- ☐ 11 Prgm Planning, Devlpmt & Mntg of Medicaid Services
- ☐ 12 Prgm Planning, Devlpmt & Mntg of Non-Medicaid Services
- ☐ 13 General Administration
- ☐ 14 Not Scheduled to Work

Instructions for Completing the Random Moment Sample Form

- Check the name and job title at top left of the sample form. Make a note of the sample time.
- After your sample moment, provide a brief answer to each of the three questions that accurately describes what you were doing at the date and time listed above. This description should sufficiently describe what you were doing to support the activity code you choose.
- In Section I, (middle left of RMS form), select the box next to your job title. This should match the job title under your name. If the title is incorrect t under your name, cross it out, and write in the correct job title from the choices in Section I.
- In Section II, (middle right of RMS form), select the box next to the activity code that matches your answers to the questions above. Use the definition of activity codes on the back of this sheet to help you choose the correct code.
- If you need to make a correction, cross out the incorrect information. Circle, re-mark and initial the corrected information. White-out invalidates the form.
- Sign, and date the form under your name (top left of form). Promptly return the form to your MAC Coordinator.

Please use ink to complete this form.

DO NOT USE WHITEOUT

Validate: False

Validation Signature

Date

If "TRUE", your MAC Coordinator, or supervisor must check the form for accuracy, then sign and date.

If "FALSE", do nothing.

RMS form reminders



DEPARTMENT OF
PUBLIC HEALTH AND
HUMAN SERVICES

STATE OF MONTANA

- Participant signatures & date on or after the sample
- Need top questions filled out for every activity selected....even Activity 14—Not Scheduled to Work
- Mark Section 1---Job Title
- If temp. is hired—line thru the name on form and write in name of temp. and fill out the form. Make a note in the data entry portion of the RMS.
- Don't use white out----line out wrong information
- Only MAC coordinator or a supervisor can sign at the bottom for a TRUE validation, make a note on the data entry of the RMS form.
- What were you doing and why were you doing this needs to be more accurate. See examples.

What Is an Administrative Activity?



DEPARTMENT OF
PUBLIC HEALTH AND
HUMAN SERVICES

STATE OF MONTANA

**Administrative
Activity**



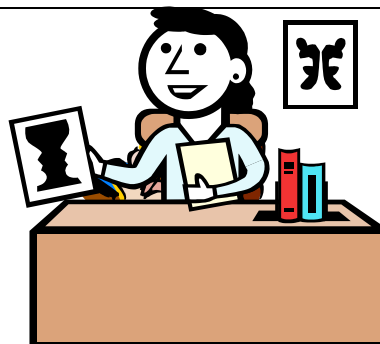
Direct Service



**Administrative
Activity**



**Refer a
student for
speech
therapy**



**Provide
Speech
therapy**



**Participate in
plan of care
meeting**

Time Study Participants



DEPARTMENT OF
PUBLIC HEALTH AND
HUMAN SERVICES

STATE OF MONTANA

- Administrators for special education
- Audiologists and audiology assistants
- Bilingual specialists
- Counselors
- Diagnosticians
- Dietitians
- Home to school coordinators/liaisons for special education
- Interpreters
- Licensed practical nurses or school health aides
- Medicaid billing clerks
- Occupational therapists and assistants
- Orientation and mobility specialists
- Physical therapists and assistants
- Program and staffing specialists (including staff like mobility, behavioral and transportation paraprofessionals)
- Psychologists and interns
- Recreation therapist
- Registered nurses
- Respiratory therapists
- Social workers
- Speech-language pathologist and aides
- Student services personnel
- Work-study coordinator

Reimbursable Activities



DEPARTMENT OF
PUBLIC HEALTH AND
HUMAN SERVICES

STATE OF MONTANA

- Outreach to Medicaid programs
- Facilitating an application for Medicaid
- Referral, coordination and monitoring of Medicaid services
- Client assistance to access Medicaid services
- Program planning, policy development and interagency coordination related to Medicaid services
- General administrative activities
 - These are redistributed proportionately to the other activities



Components of Calculating a Claim/Invoice



DEPARTMENT OF
PUBLIC HEALTH AND
HUMAN SERVICES

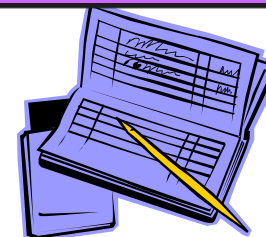
STATE OF MONTANA



**Quarterly Time
Study Data**



**Medicaid Eligibility
Rate & Indirect Cost
Ratio**

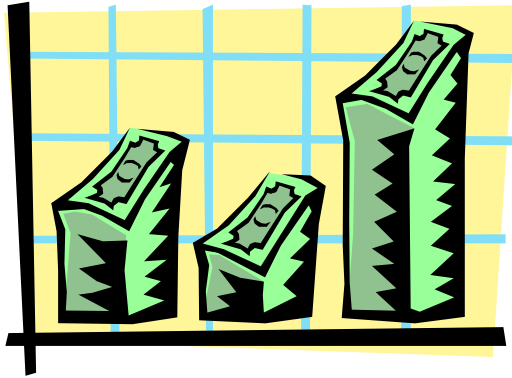


**District Quarterly
Financial Data**

Sample Templates



DEPARTMENT OF
PUBLIC HEALTH AND
HUMAN SERVICES
STATE OF MONTANA



Financial Data



Participant
List



Invoice

Financial Data Requirements



DEPARTMENT OF
PUBLIC HEALTH AND
HUMAN SERVICES

STATE OF MONTANA

- Identify the fund and function codes for staff included on the Participant list
 - Identify and **exclude employees** who may be 100% funded by Federal funds
 - If jointly funded, they may be included in the sample pool and the appropriate portion (non-federal) of their salary, benefits and related expenditures should be reported for claiming purposes.
 - If adding additional Participants, please add at the bottom of the worksheet and not at the top. The pre-built formulas start on line 9 and lines added above will not be included in the formula.
 - No 3000 Function codes are used so don't add them and if more than one function code applies----add a duplicate line as formula reads only one function code per line.

Financial Data Requirements, cont.



DEPARTMENT OF
PUBLIC HEALTH AND
HUMAN SERVICES

STATE OF MONTANA

- Expenditures are collected on a quarterly basis at the completion of each calendar quarter. All data should only pertain to the quarter in which it is actually expensed.
 - Cost elements should represent what your school district has expended in total and should reflect "all" functional district cost that support the Medicaid program, not just those costs applicable to the staff listed on your district's Participant Listing.
 - Remove all Federal dollars from reported costs
 - Don't forget to fill in the number of employees on Participant List in the box at top---if not I have to figure myself.
 - Amounts included on the worksheet should represent a full quarter of actual district-wide cost activity minus the salary and benefits for the staff included on the Participant Listing.
 - Use of estimated, budgeted or annual costs will not be accepted for claiming purposes.

Financial Data Template

Salary and Benefits Tab 2



DEPARTMENT OF
PUBLIC HEALTH AND
HUMAN SERVICES

STATE OF MONTANA

- Report the total salary and benefits for each position identified on the Participant List for that quarter insuring that the fund and function information is completed for each entry.
- Report salaries and benefits of support staff that were not sampled but who provide direct support to the staff on the Participant Listing
 - Direct support staff may or may not be on the Participant List
 - If not on the Participant List, include the salary and benefits for the support person in the direct support personnel salary and direct support personnel benefits columns in the Special Education Administrator's row.
- Participant List and Financial Salary & Benefits should match

Financial Data Template

Cost Data Tab 3



DEPARTMENT OF
PUBLIC HEALTH AND
HUMAN SERVICES

STATE OF MONTANA

- Report all operating expenditures applicable to district-wide operations at the fund and function level for expenditures that support the Medicaid program.
- Report expenditures for any of the following functions and objects for which employee costs may be charged for financial reporting purposes.
- If using a Fund code for a column, **please** remember to list it at the top....I still see a lot of forms with no Fund Code and yet dollars are reported underneath the blank column



Object Codes



DEPARTMENT OF
PUBLIC HEALTH AND
HUMAN SERVICES

STATE OF MONTANA

- 1000 Instruction (function code)
 - 100 – Personal Services - Salaries (object code)
 - 200 – Personal Services - Employee Benefits
 - 300 – Purchased Professional & Technical Services
 - 400 – Purchased Property Services
 - 500 – Other Purchased Services
 - 600 – Materials and Supplies
 - 800 – Other Expenditures

Please continue to report all “object codes” (100 – 800) as listed above for all applicable function codes listed below:

- 2100 – 2600 - Support Services (all)
- 2700 – All Other Functions (as necessary)

Function Codes



DEPARTMENT OF
PUBLIC HEALTH AND
HUMAN SERVICES

STATE OF MONTANA

- Please remember that you only need to report costs for those functions that support the Medicaid program.
- These dollars should be divided by the following functions:
- Again...remember to use the appropriate one at the top
 - 01 – General Fund
 - 10 – Transportation
 - 13 – Tuition
 - 14 – Retirement
 - 15 – Misc. Programs
 - 21 – Comp Abs
 - 24 – Metal Mines Tax Reserve
 - 25 – State Mining Impact
 - 28 – Technology
 - 29 – Flexibility
 - 82 – Interlocal Agreement Funds

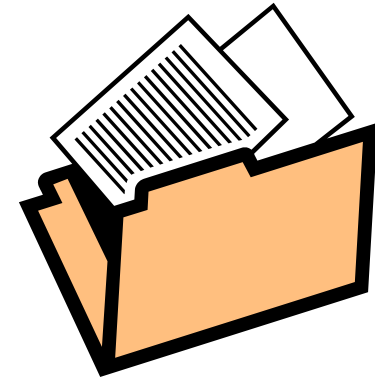
Audit File Requirements



DEPARTMENT OF
PUBLIC HEALTH AND
HUMAN SERVICES

STATE OF MONTANA

- Any computations or allocation used in reimbursement calculation
- Copies of personnel listing, financial documentation, and invoice
- A detailed listing of all revenues offset from the claim, by source
- Copies of all training materials given to staff
- Names of attendees and instructors for the training session given for that quarter
- A copy of the remittance report
- A copy of the summary of RMS time study observation forms
- Organization charts, job descriptions or other documents establishing a supervisory relationship between participants and direct support personnel.



Participant List



DEPARTMENT OF
PUBLIC HEALTH AND
HUMAN SERVICES

STATE OF MONTANA

- If you don't have a clean one to use, you can always use an old one just update the information and the cover sheet to the correct period/date.
- Please check with Payroll to make sure the participant you may want to add is not 100% Federally Funded.
- A partially Federally Funded person can participate, just need to break out the Federal Portion when reporting on the Financial Data form.
- When choosing Work Schedule's see last instruction tab and choose an actual schedule that fits closest...I have to convert everything to a schedule list.

Certification of Match



DEPARTMENT OF
PUBLIC HEALTH AND
HUMAN SERVICES

STATE OF MONTANA

- Certification of Match is done quarterly on the invoice
 - Expenditure Requirements
 - Paid with local or state dollars
 - Can include both direct and indirect expenses
 - Expenditure Restrictions
 - Not Federal funds
 - Not IDEA dollars
 - Not Medicaid Reimbursement





WebRMS new reporting version

- MAC Coordinators will be responsible for data entry of activity per Random Moment Sample that gets generated.
- Coordinator will be given a password and user ID to log onto the Web page (I'll give you with a password) and find their own district or schools sample set to enter.
- Coordinator will have ability to print off all samples and distribute them and then enter data reported by participant. (3 new questions are added for 4th qtr)
- Paper copies of RMS forms will be kept by each district or school for audit purposed and 10 to 20% of the RMS forms may be requested by the state department for review.



MT-DHHS Random Moment Sampling

Sign Into Your Account

User Id

Password

Login

Navigation bar of Windows Internet Explorer showing the address bar with the URL <https://tx.hc.jpdrms.maximus.com/rms/Home.aspx>, the menu bar (File, Edit, View, Favorites, Tools, Help), the Links bar, the Google search bar, and the WebMAC toolbar.



MT - DHHS Random Moment Sampling Home

[Steyaert, Rena](#) | [Home](#) | [Logout](#)

[Security](#)

[Master Data](#)

[Sample Data](#)

[Participant Data](#)

[Reports](#)

Welcome Steyaert, Rena

Navigation bar of Windows Internet Explorer showing the address bar with the URL <https://tx.hc.jpdrms.maximus.com/rms/Home.aspx>, search bar, and menu items (File, Edit, View, Favorites, Tools, Help, Links).



MT - DHHS Random Moment Sampling Home

[Steyaert, Rena](#) | [Home](#) | [Logout](#)

[Security](#)

[Master Data](#)

[Sample Data](#)

[Participant Data](#)

[Reports](#)

Welcome Steyaert, Rena

[Master Reports](#)

[Participant Reports](#)

[Control List Reports](#)

[Response Reports](#)



MT - DHHS

Random Moment Sampling Response Reports

[Steyaert, Rena](#) | [Home](#) | [Logout](#)

[Security](#)

[Master Data](#)

[Sample Data](#)

[Participant Data](#)

[Reports](#)

	Rpt Nbr	Name
<input checked="" type="radio"/>	RR400	Observation Print
<input type="radio"/>	RR401	Sample Detail
<input type="radio"/>	RR402	Observation Status Summary By Region
<input type="radio"/>	RR403	Observation Status Summary By Region and Location
<input type="radio"/>	RR410	Activity Detail By Program
<input type="radio"/>	RR411	Program Detail By Activity
<input type="radio"/>	RR420	Activity Summary
<input type="radio"/>	RR421	Program Summary
<input type="radio"/>	RR422	Sample Summary
<input type="radio"/>	RR440	No Response

Page: 1

Sample *

--Select--

Region

Location *

Moment From Date

(mm/dd/yyyy)

Moment To Date

(mm/dd/yyyy)

* Required Field



MT - DHHS

Random Moment Sampling Response Reports

[Steyaert, Rena](#) | [Home](#) | [Logout](#)

[Security](#)

[Master Data](#)

[Sample Data](#)

[Participant Data](#)

[Reports](#)

	Rpt Nbr	Name
<input checked="" type="radio"/>	RR400	Observation Print
<input type="radio"/>	RR401	Sample Detail
<input type="radio"/>	RR402	Observation Status Summary By Region
<input type="radio"/>	RR403	Observation Status Summary By Region and Location
<input type="radio"/>	RR410	Activity Detail By Program
<input type="radio"/>	RR411	Program Detail By Activity
<input type="radio"/>	RR420	Activity Summary
<input type="radio"/>	RR421	Program Summary
<input type="radio"/>	RR422	Sample Summary
<input type="radio"/>	RR440	No Response

Page: 1

Sample *

2011_April - Ju - April - June 2011

Region

100 - Harrison School

Location *

1001 - Harrison

Moment From Date

(mm/dd/yyyy)

Moment To Date

(mm/dd/yyyy)

* Required Field



MT - DHHS

Random Moment Sampling Response Reports

[Stevaert, Rena](#) | [Home](#) | [Logout](#)[Security](#)[Master Data](#)[Sample Data](#)[Participant Data](#)[Reports](#)Report Name Search[Back](#)[View](#) PDF

1 of 1+

	Rpt Nbr	Name
<input checked="" type="radio"/>	RR400	Observation Print
<input type="radio"/>	RR401	Sample Detail
<input type="radio"/>	RR402	Observation Status Summary By Region
<input type="radio"/>	RR403	Observation Status Summary By Region and Location
<input type="radio"/>	RR410	Activity Detail By Program
<input type="radio"/>	RR411	Program Detail By Activity
<input type="radio"/>	RR420	Activity Summary
<input type="radio"/>	RR421	Program Summary
<input type="radio"/>	RR422	Sample Summary
<input type="radio"/>	RR440	No Response

Page: 1

Random Moment Observation Sampling Form

MT DHHS - Medicaid Admin Claiming

For the period: 04-Apr-2011 Thru 10-Jun-2011

HEIDI DYKMAN
Administrators for Special Education
Harrison School - Harrison

Sample May 2, 2011 2
Sample Sequence 58311

CONTROL_LIST;1.category_desc_txt (String)

Participant Signature (Date)

Please provide a brief answer to each of the questions below. You need to sufficiently describe what you were doing at the date and time in order to support your activity code selection. Please do not use individually identifiable health information in your description.

What were you doing?

Who were you with? ☐ Student ☐ Family/Parent ☐ Colleague ☐ Self ☐ Other

Random Moment Observation Sampling Form

MT DHHS - Medicaid Admin Claiming

For the period: 04-Apr-2011 Thru 10-Jun-2011

HEIDI DYKMAN

Administrators for Special Education
Harrison School - Harrison

Sample

Sample Sequence

May 2, 2011 2:19 pm

58311

Participant Signature

(Date)

Please provide a brief answer to each of the questions below. You need to sufficiently describe what you were doing at the date and time listed above in order to support your activity code selection. Please do not use individually identifiable health information in your description.

What were you doing? _____

Who were you with? ☐ Student ☐ Family/Parent ☐ Colleague ☐ Self ☐ Other _____

Why were you doing this? _____

Section I: Job Title (Please select only one)

- ☐ 01 Administrators for Special Education
- ☐ 02 Audiologists and Audiology Assistant
- ☐ 03 Bilingual Specialists
- ☐ 04 Counselors
- ☐ 05 Diagnosticians
- ☐ 06 Dietitians
- ☐ 07 Coordinators/Liaisons for Spec. Ed.
- ☐ 08 Interpreters
- ☐ 09 Licensed Nurses or School Health

Section II: Activities (Please select only one [x]) :

- ☐ 01 Direct Medical and School Health-Related Services
- ☐ 02 Educational and Other Social Activities, Non-Medicaid
- ☐ 03 Outreach to Medicaid Programs
- ☐ 04 Outreach to Non-Medicaid Programs
- ☐ 05 Facilitating an Application for Medicaid
- ☐ 06 Facilitating an Application for Non-Medicaid Programs
- ☐ 07 Referral, Coordination and Monitoring of Medical Services
- ☐ 08 Referral, Coordination and Mntng of Non-Medical Svcs

Great Falls PDF file transfer



DEPARTMENT OF
PUBLIC HEALTH AND
HUMAN SERVICES

STATE OF MONTANA

- Great Falls district has found a way to eliminate paper RMS forms to be distributed.
- They have turned the PDF document into an email to each participant and then the participant has the ability to complete the information electronically and save it.
- Jeanette Blatter can explain.



MT - DHHS Random Moment Sampling Home

[Steyaert, Rena](#) | [Home](#) | [Logout](#)

[Security](#)

[Master Data](#)

[Sample Data](#)

[Participant Data](#)

[Reports](#)

[Sample Details](#)

[Observation Details](#)

[Observation Batch Review](#)

[Maintain Sample Basis and Fund](#)

Welcome Steyaert, Rena



MT - DHHS

Random Moment Sampling Observation Details

[Steyaert, Rena](#) | [Home](#) | [Logout](#)

[Security](#)

[Master Data](#)

[Sample Data](#)

[Participant Data](#)

[Reports](#)

Please select an observation to view the details.

Sample

Region

Status

Participant ID. Search

ID	Name	Moment Dt
<input type="radio"/> 11922	Weber, Leslee	06/21/11 09:01

Page: 1



MT - DHHS

Random Moment Sampling Observation Details

[Steyaert, Rena](#) | [Home](#) | [Logout](#)

[Security](#)

[Master Data](#)

[Sample Data](#)

[Participant Data](#)

[Reports](#)

Sample

Region

Status

Participant ID. Search

ID	Name	Moment Dt
11922	Weber, Leslee	06/21/11 09:01

Page: 1

Sample Training for 2011

[History](#)

Participant Name Weber, Leslee
Region Harrison School
Observation ID 60969

Moment 6/21/2011 9:01:00 AM
Observation Type Paper
Observation Method Participant Coder
Phone No --

Location *

Program *

Position *

Activity *

Notes

- ☐ Pending
☐ Accept
☒ Reject
☐ Invalid

Sign off

Cancel

https://tx.hc.jpdrms.maximus.com/rms/ParticipantObservationMain.aspx

File Edit View Favorites Tools Help

Links

Google Search More >>

ParticipantObservationMain

Page



MT - DHHS

Random Moment Sampling Observation Details

[Steyaert, Rena](#) | [Home](#) | [Logout](#)

[Security](#)

[Master Data](#)

[Sample Data](#)

[Participant Data](#)

[Reports](#)

Sample

Region

Status

Participant ID. Search

ID	Name	Moment Dt
11922	Weber, Leslee	06/21/11 09:01

Page: 1

Participant Name Weber, Leslee Moment 6/21/2011 9:01:00 AM
Region Harrison School Observation Type Paper
Observation ID 60969 Observation Method Participant Coder
Phone No --

Location *

Program *

Position *

Activity *

Notes

What were you doing? *

Who were you with? *

What is the intent of this activity? *

☐ Pending

https://tx.hc.jpdrms.maximus.com/rms/ParticipantObservationMain.aspx

File Edit View Favorites Tools Help

Links

Google Search More >>

ParticipantObservationMain

Page



MT - DHHS

Random Moment Sampling Observation Details

[Steyaert, Rena](#) | [Home](#) | [Logout](#)

[Security](#)

[Master Data](#)

[Sample Data](#)

[Participant Data](#)

[Reports](#)

Sample Train 2011 - Training for 2011

Region 100 - Harrison School

Status --All--

Participant ID. Search

ID	Name	Moment Dt
11922	Weber, Leslee	06/21/11 09:01

Page: 1

Participant Name weber, Leslee Moment 6/21/2011 9:01:00 AM
Region Harrison School Observation Type Paper
Observation ID 60969 Observation Method Participant Coder
Phone No --

Location * 1001 - Harrison

Program * 04 - Counselors

Position * 4 - Counselors

Activity * 02 - Educational and Other Social Activities, Non-Medicaid

Notes

What were you doing? * assisting teacher in Math class

Who were you with? * student

What is the intent of this activity? * to help student with math skill they are lacking in

☐ Pending

☐ Accept

What If You Have Questions?



DEPARTMENT OF
PUBLIC HEALTH AND
HUMAN SERVICES

STATE OF MONTANA

■ Contact DPHHS

Rena Steyaert, Program Officer
Health Resources Division, DPHHS
PO Box 202951
Helena, MT 59602-2951
Phone: (406) 444-4066
Fax: (406) 444-1861
Email: rsteyaert@mt.gov

Donna Liedle, Claims Specialist
Health Resources Division, DPHHS
PO Box 202951
Helena, MT 59602-2951
Phone: (406) 444-2764
Fax: (406) 444-1861
Email: dliedle@mt.gov



Online Access

<http://medicaidprovider.hhs.mt.gov>

- Under "Resources by Provider Types", select "School-Based Services" then look for "Medicaid Administrative Claiming Program"
 - MAC Financial Data Forms
 - MAC Participant List Forms
 - Manuals/Guides
 - Training Presentation
 - Definition of Activity Codes
 - Training Quiz
 - Medicaid Information

